<u>Date</u>	How are you feeling today?	How have you been feeling since your	Have you completed any physical	Before class
	Well	last class?	activity since your last class?	Blood pressure
	Unwell	Well	Yes	
		Unwell	No	Heart Rate
	If unwell what is wrong:			
	Breathless	If unwell what was wrong?	If yes, what physical activity did	After Class
	Fatigued	Breathless Fatigued	you do?	Blood pressure
	Chest pain	Chest pain Nausea		
	Nausea	Other (please specify)		Heart Rate
	Other (please specify)			
<u>Date</u>	How are you feeling today?	How have you been feeling since your	Have you completed any physical	Before class
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